

FD 5000/16928

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

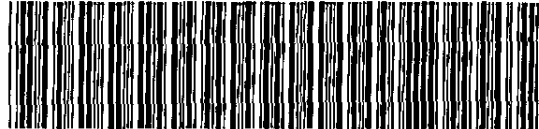
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA  
05 AUG 22 AM 10:04

mrs  
8/23

## TRANSMITTAL LETTER

Department of State  
Division of Corporations  
P. O. Box 6327  
Tallahassee, FL 32314

**SUBJECT:** AGICON INC.

**(PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX)**

Enclosed are an original and one (1) copy of the articles of incorporation and a check for:

☐ \$70.00      ☒ \$78.75  
Filing Fee      Filing Fee  
                    & Certificate of Status

☐ \$78.75      ☒ \$87.50  
Filing Fee      Filing Fee,  
& Certified Copy      Certified Copy  
                                    & Certificate of  
                                    Status

**ADDITIONAL COPY REQUIRED**

**FROM:** RICHARD MONSALVE

Name (Printed or typed)

1731 SE CLEARMONT ST

Address

PORT ST LUCIE, FL 34983

City, State & Zip

772-618-3335

Daytime Telephone number

**NOTE: Please provide the original and one copy of the articles.**

**ARTICLES OF INCORPORATION**

In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

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TALLAHASSEE, FLORIDA  
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**ARTICLE I NAME**

The name of the corporation shall be:

AGICON INC.

**ARTICLE II PRINCIPAL OFFICE**

The principal place of business/mailling address is:

1731 SE CLEARMONT ST  
PORT ST LUCIE, FL 34983

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is:

PROFIT

**ARTICLE IV SHARES**

The number of shares of stock is:

2

**ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS**

List name(s), address(es) and specific title(s):

DAGMARA MONSALVE  
RICHARD MONSALVE

**ARTICLE VI REGISTERED AGENT**

The name and Florida street address (P.O. Box NOT acceptable) of the registered agent is:

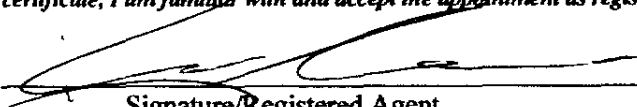
RICHARD MONSALVE  
1731 SE CLEARMONT ST  
PORT ST LUCIE, FL 34983

**ARTICLE VII INCORPORATOR**

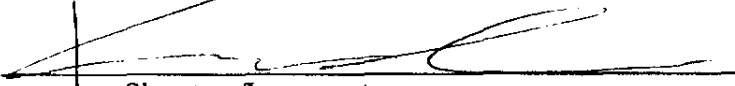
The name and address of the Incorporator is:

RICHARD MONSALVE  
1731 SE CLEARMONT ST  
PORT ST LUCIE, FL 34983

\*\*\*\*\*  
*Having been named as registered agent to accept service of process for the above stated corporation at the place designated in this certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity*

  
Signature/Registered Agent

8/19/05  
Date

  
Signature/Incorporator

8/19/05  
Date